

NOTICE: THIS FORM (10-60) IS OBSOLETE (10-60)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70891	2/10/60
O.L.P.E. CLASSIFIER		21	6/10/60
FORMALITY REVIEW		64477	8-8-70
RESPONSE FORMALITY REVIEW		64477	8-30-70

INDEX OF CLAIMS

✓ _____ Rejected H _____ Non-elected
 - _____ Allowed I _____ Interference
 - (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	2/10/60
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If more than 150 claims or 10 actions
 staple additional sheet here

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